



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

HAZARDOUS WASTE TRANSPORTER AND TRANSFER FACILITY CHECKLIST

T

NAME		DATE		EPA ID NUMBER	
ADDRESS		RESOURCE RECOVERY NUMBER		MO ID NUMBER	TELEPHONE NUMBER WITH AREA CODE
CITY	COUNTY	ZIP CODE		YEARS AT SITE	NUMBER OF EMPLOYEES
DATE OF LAST INSPECTION		REGIONAL OFFICE <input type="checkbox"/> KCRO <input type="checkbox"/> NERO <input type="checkbox"/> SERO <input type="checkbox"/> SLRO <input type="checkbox"/> SWRO		TRACKING NUMBER	
PRIMARY CONTACT NAME			PRIMARY CONTACT TITLE		
SECONDARY CONTACT NAME			SECONDARY CONTACT TITLE		

CHECKLIST ATTACHMENTS

Used Oil Generator <input type="checkbox"/> Yes <input type="checkbox"/> No	Resource Recovery <input type="checkbox"/> Yes <input type="checkbox"/> No	Tank Attachment <input type="checkbox"/> Yes <input type="checkbox"/> No	Universal Waste Attachment <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---	--

DESCRIPTION OF THE FACILITY'S OPERATION AND PLANT

--	--	--	--

A. GENERAL

COMMENTS

N Y NA 1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transporters registered and obtained an EPA ID number. Section 10 CSR 25-6.263(1) inc. 40 CFR 263.11.	1	
2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Obtained a Missouri hazardous waste transporter license. 10 CSR 25-6.263.	1	

B. HAZARDOUS WASTE STORAGE

COMMENTS

N Y NA 1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transfer facilities have secondary containment. 10 CSR25-6.263(2)(A)10.(D).	1	
2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ignitable, reactive, incompatible and volatile wastes separated and protected from source of ignition or reaction. 10 CSR 25-6.263(2)(A)10.E.	1	
3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Secondary containment system has a capacity equal to 10 percent of the containerized waste volume or the volume of the largest container, whichever is greater. 10 CSR 26.263(2)(A)10(D)(I)(c).	2	

B. HAZARDOUS WASTE STORAGE (CONT.)			COMMENTS
4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Secondary containment is sloped or designed to drain and remove liquids unless the containers are elevated or otherwise protected from contact with accumulated liquids. 10 CSR 25-6.263(2)(A)10(D)(I)(b).	2	
5. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Run-on into the containment system is prevented. 10 CSR 25-6.263(2)(A)10(D)(I)(d).	2	
6. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Spills and leaks are removed from sump or collection area to prevent overflow. 10 CSR 25-6.263(2)(A)10.(D)(I)(e).	2	
7. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Secondary containment system inspected weekly. 10 CSR 25-6.263(2)(A)10(D)(II).	2	
8. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Secondary containment has an impervious surface to contain leaks, spills and accumulated precipitation and has a base free of cracks or gaps. 10 CSR 256.263(2)(A)10.(D)(I)(a).	2	
9. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No smoking signs conspicuously placed in areas where there is a hazard of ignitable or reactive waste. 10 CSR 25-6.263(2)(A)10.E.	2	
10. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transfer station equipped with appropriate safety equipment. 10 CSR 25-6.263(2)(A)10.F.	2	
11. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transfer facility is not the same facility designated in item 9 of the manifest. 10 CSR 25-6.263(2)(A)10.I.	2	
C. SHIPPING HAZARDOUS WASTE			COMMENTS
N Y NA 1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Compliance with the manifest system. 10 CSR 25-6.263(1) inc. 40 CFR 263.20(a)(1)	1	
2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hazardous waste loaded and secured in accordance with 49 CFR 177.834. 10 CSR 25-6.263(2)(A)6.	1	
3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Waste is not added to an unwashed or unclean container that previously held an incompatible material. 10 CSR 25-6.263(2)(A)7.	1	
4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hazardous waste transferred between licensed transporters only. 10 CSR 25-6.263(2)(B)A.II.	1	
5. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Maintain manifests for three years. 10 CSR 25-6.263(1) inc. 263.22(a).	2	
6. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transporter carries proof of license with each power unit transporting hazardous waste within Missouri. 10 CSR 25-6.263(2)(A)3.E.	2	
7. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transporter complies with 10 CSR 25-5.262 if they accept hazardous waste from a person not required to register as a hazardous waste generator and in so doing accumulates greater than 100 kilograms of hazardous waste. 10 CSR 25-6.263(2)(A)8.	2	
8. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Waste destined for out-of-state leaves the state within 10 days from the initial transporter's signature on the manifest. 10 CSR 25-6.263(2)(A)10.B.	2	
9. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hazardous Waste transported into the state arrives within 10 days of entering the state or, if transported intrastate, the hazardous waste arrives at its destination within 10 days upon the initial transporter signature on the manifest. 10 CSR 25-6.263(2)(A)10.B.	2	

C. SHIPPING HAZARDOUS WASTE (CONT.)			COMMENTS		
10. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hazardous waste transported through the state passes through the state within 10 days. 10 CSR 25-6.263(2)(A)10.C.	2			
11. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vehicles used to ship hazardous waste marked in accordance with 49 CFR 390.21 (b). 10 CSR 25-6.263(2)(A)5.	2			
12. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vehicles inspected each day the vehicle is used to transport hazardous waste. 10 CSR 25-6.263(1) incorporating 49 CFR 396.11	2			
13. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Annual hazardous waste/material training provided for each employee who transports hazardous waste. 10 CSR 25-6.263(2)(B)1.B.	2			
14. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Current files on driver vehicle inspection, vehicle maintenance, annual employee training and records of incident reports maintained for three years and available for inspection during regular business hours. 10 CSR 25-6.263(2)(B)1.B.	2			
CHECK ALL POTENTIAL MULTIMEDIA VIOLATIONS AND IMPACTS (SPECIFY AND COMMENT BELOW)					
Air Pollution Control	Public Drinking Water	Solid Waste Management	Hazardous Waste	Water Pollution Control	
<input type="checkbox"/> Fugitive Dust <input type="checkbox"/> Particulate <input type="checkbox"/> Burning <input type="checkbox"/> Asbestos <input type="checkbox"/> Odors <input type="checkbox"/> Toxics <input type="checkbox"/> Other	<input type="checkbox"/> Taste & Odors <input type="checkbox"/> Bacteria <input type="checkbox"/> Pressure <input type="checkbox"/> Color <input type="checkbox"/> Flow <input type="checkbox"/> Toxics <input type="checkbox"/> Other	<input type="checkbox"/> Open Dumps <input type="checkbox"/> Littering <input type="checkbox"/> Waste Tire Dump <input type="checkbox"/> SLF <input type="checkbox"/> Other	<input type="checkbox"/> Transportation <input type="checkbox"/> PCBs <input type="checkbox"/> USTs/LUSTs <input type="checkbox"/> Other	<input type="checkbox"/> Animal Waste <input type="checkbox"/> Bypassing <input type="checkbox"/> Treatment Plant Operation <input type="checkbox"/> Sawdust <input type="checkbox"/> Sludge	<input type="checkbox"/> Single Family <input type="checkbox"/> Ground Water <input type="checkbox"/> Storm Water <input type="checkbox"/> Toxics/UST <input type="checkbox"/> Other
COMMENTS					
INSPECTOR'S SIGNATURE				DATE	